

IM5 (Pediatrics) Critical Thinking Worksheet**Patient Age:** 8yr**Patient Weight:** 25kg

Student Name: Jamie Mills	Unit: PF 1 Pt. Initials:	Date: 1/26/2021
1. Disease Process & Brief Pathophysiology (Identify Key Concepts to Your Patient and Include Reference): Cerebral palsy is a group of disorders that affect a person's ability to move and maintain balance and posture. CP is the most common motor disability in childhood. Cerebral means having to do with the brain. Palsy means weakness or problems with using the muscles. CP is caused by abnormal brain development or damage to the developing brain that affects a person's ability to control his or her muscles.	2. Factors for the Development of the Disease/Acute Illness: There is no single cause, though prematurity and stroke are two of the biggest causes. Risk factors include: A premature birth earlier than 37 weeks, prolonged oxygen loss during the pregnancy or the birth process, low birth weight, multiple births, being male, severe jaundice shortly after birth, blood clotting problems, placental inability to provide a developing fetus with oxygen and nutrients, blood type incompatibility between mother and baby, maternal infection early in pregnancy with German measles or other viral diseases, maternal, fetal, or infant bacterial infection that attacks the child's central nervous system.	3. Signs and Symptoms: Babies: Low muscle tone, unable to hold up its own head while lying on their stomach or in a supported sitting position, muscle spasms or feeling stiff, poor muscle control, reflexes and posture, delayed development, feeding or swallowing difficulties, and preference to use one side of their body. Toddlers/Children: Not walking by 12-18 months, and not speaking simple sentences by 24 months.

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<p>4. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <p>Diagnosing CP may take several steps. First, the physician will track and monitor the growth and development of the pt. Then the physician will do a developmental screening test to see if the patient has developmental delays. Then they will do a medical and development evaluation. The physician will look closely at the child's motor skills, muscle tone, reflexes, and posture, and take a careful medical history from the parents. The physician will try to rule out other disorders that could cause similar problems. They may do brain imaging tests which include Xray, CT, and MRI. An electroencephalogram (EEG), genetic testing, or metabolic testing, or a combination of these, also might be done.</p> <p>CP generally is diagnosed during the first or second year after birth. But if a child's symptoms are mild, it is sometimes difficult to make a diagnosis until the child is a few years older.</p>	<p>5. Lab Values That May Be Affected:</p> <p>Thyroid function studies- abnormalities in muscle tone or deep tendon reflexes or to movement disorders</p> <p>Lactate and pyruvate levels- abnormality of energy metabolism</p> <p>Ammonia levels- may indicate liver dysfunction or urea cycle defect</p> <p>Organic and amino acids- may reveal inherited metabolic disorders</p> <p>Chromosomal analysis- may be indicated to rule out a genetic syndrome, particularly if dysmorphic features or abnormalities of various organ systems are present, or etiology of the cerebral palsy is undetermined</p> <p>Cerebrospinal protein- may assist in determining asphyxia in the neonatal period. Protein levels can be elevated, as can the lactate-to-pyruvate ratio</p>	<p>6. Current Treatment (Include Procedures):</p> <p>Medication to assist in movement issues. Physician may order PO meds, injections, or delivered through implanted pump. Many children benefit from Botulinum toxin type A injections into muscles affected by spasticity.</p> <p>Physical Therapy and Occupational therapy is used to focus on encouraging a person's day-to-day movement skills such as sitting, walking, playing, dressing and toileting.</p> <p>Surgery procedure such as, selective dorsal rhizotomy a neurosurgical procedure that is used in a small percentage of children with cerebral palsy to permanently reduce spasticity in their legs.</p>
<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> 1. Distraction such as a movie, or game. 2. Art, craft, or doing a hobby of some sort <p>*List All Pain/Discomfort Medication on the Medication Worksheet</p> <p>Click here to enter text.</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work):</p> <p>1600 ml/day = 66.67ml/hr</p> <p>Actual Pt MIVF Rate:</p> <p>Is There a Significant Discrepancy?</p> <input data-bbox="739 1344 976 1388" type="text"/> <p>Why?</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>12.5ml/hr</p> <p>Actual Pt Urine Output:</p>

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	<p>10. Growth & Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient:</p> <p>Erickson Stage: Latency- Industy vs. Inferiority</p> <ol style="list-style-type: none"> 1. understanding perserverance and pleasure of job completed 2. interaction with peers play an important role <p>Piaget Stage: Concrete Oporational Stage</p> <ol style="list-style-type: none"> 1. show logical and concrete reasoning 2. less focused on themselves 	
<p>11. Focused Nursing Diagnosis: Impaired physical mobility</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11:</p> <ol style="list-style-type: none"> 1. Facilitate activities in using fine and gross motor skills. <p>Evidenced Based Practice: Most of the activities of daily living and</p>	<p>16. Patient/Caregiver Teaching:</p> <ol style="list-style-type: none"> 1. Teach parents ROM exercises that child will benefit from doing daily. 2. Educate on the importance of resting between activities.

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12. Related to (r/t): disease condition, decrease muscle control, neuromuscular impairment	play exercises hasten physical development. 2. Encourage the child to rest between activities that are tiring. Evidenced Based Practice: Given the limitations of the child's ability, rest periods are given to maintain energy.	3. Educate the family on the use of orthotic device.
13. As evidenced by (aeb): Inability to control lower extremities Limited range of motion Muscle spasm	3. Assist pt with ROM exercises. Evidenced Based Practice: Children with cerebral palsy have a decreased range of motion due to limited mobility and the presence of spasticity. ROM exercises promote movement and minimize the risk of contractures.	17. Discharge Planning/Community Resources: 1. Consult Physical Therapy 2. Consult Nutritionist to educate family on dietary needs of child. 3. Consult case manager to assist in finding programs available for family.
14. Desired patient outcome: Do 2 rounds of ROM exercises by 1400 today.		